

UNITED STATES DISTRICT COURT

Western District of Washington

FILED
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MAR 21 2013

Case Number: 2:13-cv-00517-MJP

LE JACQUELYN A

Plaintiff

vs.

FIREMANS FUND INSURANCE
RANDY M HESS
BARBARA B CHRISTENSEN

Defendant(s)

DECLARATION AND APPLICATION
TO PROCEED IN FORMA PAUPERIS
AND WRITTEN CONSENT FOR
PAYMENT OF COSTS

DECLARATION AND APPLICATION TO PROCEED IN FORMA PAUPERIS

I (print your name) JACQUELYN A LE declare I am the plaintiff in this case; I believe I am entitled to relief; and I am unable to pay the costs of this proceeding or give security therefor. The nature of my action is briefly stated as follows: _____

In support of this application, I answer all of the following questions:

1. Are you presently employed?

☐ Yes Total amount of net monthly salary (take home pay), \$ _____

Name and address of employer _____

☒ No Date of last employment _____ Total amount of last net monthly salary \$ _____

2. If married, is your spouse presently employed? ☐ Not married

☐ Yes Total amount of spouse's net monthly salary (take home pay) \$ _____

Name and address of employer _____

☒ No Date of spouse's last employment _____ Total amount of last net monthly salary \$ _____

3. For the past twelve months, list the amount of money you and/or your spouse have received from any of the following sources.

- | | |
|--|-----------------------------|
| a. Business, profession or other self-employment | \$ _____ |
| b. Income from rent, interest or dividends | \$ _____ |
| c. Pensions, annuities or life insurance payments | \$ _____ |
| d. Disability, unemployment, workers compensation or public assistance | \$ <u>1114.00 PER MONTH</u> |
| e. Gifts or inheritances | \$ _____ |
| f. Money received from child support or alimony | \$ _____ |
| g. Describe any other source of income <u>MEDICAL</u> | \$ <u>2200.00 PER MONTH</u> |

4. List the amount for each of the following for you and/or your spouse:

Cash on hand \$ 260.00

Checking Account \$ 0

Savings Account \$ 0

5. Do you and/or your spouse own or have any interest in any real estate, stocks, bonds, notes, retirement plans, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? If Yes, describe the property and state its approximate value:

☐ Yes

☒ No

\$

6. Are any persons dependent upon you or your spouse for support? If Yes, state their relationship to you or your spouse, and indicate how much is contributed toward their support each month. (Do not include names of minor children.)

☐ Yes

☒ No

\$

7. Describe the types of monthly expenses you incur, such as housing, transportation, utilities, loan payments, or other regular monthly expenses and the amount spent each month.

RENT 950. UTILITIES 70. INSURANCE 11.
PHONE 65.

\$

8. Provide any other information that will help explain why you cannot pay court fees and costs.

I AM ON A FIXED INCOME AND DISABLED AND I HAVE NO
MONEY TO COVER COURT COSTS AND FEES

I declare under penalty of perjury that the foregoing is true and correct.

Executed on: (Date)

Signature of Plaintiff

Mrs. Jacquelyn A Le

WRITTEN CONSENT FOR PAYMENT OF COSTS UNDER LOCAL RULE CR3(b)

I, (print your name) JACQUELYN A LE

hereby consent that any recovery in damages that I may receive in the above-captioned cause may be reduced, if so directed by the court, in such an amount as is necessary for payment of the unpaid fees and costs which are taxed against me in the course of this litigation.

3-21-13

Executed on: (Date)

Signature of Plaintiff

Mrs. Jacquelyn A Le